Task Force on the Quality of Services for Individuals with Developmental Disabilities

Bernard Simons, Deputy Secretary, DDA, Co-chair

Dr. Patricia Tomsko Nay, Executive Director, OHCQ, Co-chair

January 7, 2015

Attendees: Bernard Simons, DDA; Dr. Patricia Tomsko Nay, OHCQ; Janet Furman, DDA; Valerie Roddy, DDA; Margie Heald, OHCQ; Allison Orlina, OHCQ; Darlene Ham, DHR; Margaret Holmes, Legal Aid; Jason Noel, Mortality Committee; Dr. Christopher Smith, Kennedy Krieger, MCDD; Sharon Krevor-Weisbaum, Brown, Goldstein & Levy; Nancy Pineles, MDLC; Cristine Marchand, The ARC Maryland; Laura Howell, MACS; Susan Panek, Medicaid; Kathleen Durkin, The ARC Baltimore; Brian Cox, DD Council; Patricia Arriaza, GOC; Shelley Tinney, MARFY

Guests: Debbie Ramelmeier, DHR; Dr. Rachel Dodge, MATCH; Nicole Smith, DDA; Christi Megna, DHMH Governmental Affairs; see sign-in sheet for additional guests

Welcome and Introduction: Bernie Simons opened the meeting at 10:00 a.m. and asked the task force members, agency staff, and visitors to introduce themselves.

Agenda for the day: Agenda for the meeting was to review potential proposed recommendations and rate those proposed recommendations in a survey to be completed during the meeting.

Task Force Minutes: The minutes from the December 3, 2014 meeting were sent to members via e-mail for their review. Minutes were also handed out to members at the start of the meeting. Bernie Simons asked the panel if they had any edits or corrections. There were no requests for substantive changes. The minutes were unanimously approved.

Updates from DHR and MATCH

Guests Debbie Ramelmeier and Dr. Rachel Dodge gave an update on the assessments that the MATCH program had been doing of the Second Family contract. The review was at the request of DHR to evaluate the care being provided at Second Family, in particular.

Presentation of recommendations for discussion and scoring

The task at the conclusion of the prior meeting of December 3rd was to compile and present recommendations that emerged from the task force meetings and departmental recommendations to legislative committee. Those recommendations were presented to the task force for discussion as proposed potential recommendations. A handout with the following proposed recommendations included each of the following:

1. Recommendation: Establish a Memorandum of Understanding (MOU) between DHMH (DDA, OHCQ, REM, and Medicaid) and DHR to address the lines of responsibility, sharing of information through existing data sources, increased oversight visits, bimonthly interagency meetings, accountability, and funding.

2. Recommendation: OHCQ should develop a more technologically advanced method of data collection to ensure that trends are easily identified in a timely manner.

3. Recommendation: Add an accreditation process and procedure to the licensing policy and regulations for facilities that are licensed by DDA including those that support medically fragile children.

4. Recommendation: RNs employed by DDA licensed agencies should be certified by the Developmental Disabilities Nurses Association (DDNA).

5. Recommendation: Agencies should contract with one doctor who specializes in children who are medically fragile.

6. Recommendation: DDA will review its current quality enhancement process and enhance the quality oversight of providers.

7. Recommendation: DDA will develop a provider application to include a thorough review of business plans prior to the initial licensing of the provider by OHCQ. Upon successful approval from DDA, the agency would then move through the licensing process.

8. Recommendation: DDA needs to strengthen the process of creating and implementing stronger regulations on client individual plans.

9. Recommendation: DDA will implement the provider fiscal reporting process developed and implemented by DHR.

10. Recommendation: OHCQ will develop a process to insure that all state agencies are notified of pending investigations and the results of those investigations.

11. Recommendation: When a concern is raised about the performance of an agency, the state agency will conduct an initial review and continue frequent monitoring until the issue is resolved.

Discussion regarding proposed potential recommendations

Barriers to foster family placements: Concern expressed that placements indicated that independent, sufficient income is a barrier to a foster family taking on a fragile foster child.

Availability of funding for private duty nursing (nursing services) to families: Concerns that insufficient funding or lack of 24 hour nursing service may be deterring foster families from hosting fragile children.

Advance care planning: Advance care planning and end of life decision-making would be a significant contribution to selecting palliative care when appropriate and not being overly interventionist.

Transition planning to adulthood: Concerns that barriers to continuity of placements once foster children turn 21, is resulting in instability of service and inadequate service planning for transition-age youth. Members reiterated a need for transition-age youth planning sooner and with more cooperation among government agencies.

Targeted case management improvement: Some requests for improvement in service coordination/targeted case management

Using REM as a coordination resource: Discussion about the extent to which medically fragile foster children are enrolled in REM, a Medicaid program. Suggestions that REM case managers could service as an informed coordinator of services for medically fragile foster children.

The MOU between DHR and DHMH: Members referenced the MOU between DHR and DHMH to inquire about whether that MOU could be looked at again to improve implementation.

Financial incident reporting: Inquiry from members as to whether DDA would start to gather mandatory reporting of financial issues in the same way that DHR recently rolled out.

Introduction of scoring method

Co-chair Dr. Nay explained that recommendations from today's meeting would be entered into a survey for scoring by the members. A modified Delphi scoring method would be used. Each member would select scores, from 1 to 9, for validity and feasibility for each recommendation. Validity indicates how well the recommendation addressed the mandate. Feasibility indicates the likelihood the recommendation could be implemented. Each member also had the opportunity to select three recommendations he or she would like to see included as a final, official recommendation. A section for written comments was provided in the surveys handed out to members.

Edits to proposed recommendations

After discussion and re-wording of certain recommendations by the group, the recommendations put forward for rating were as follows:

1. DDA, through targeted case managers and its quality enhancement staff, will enhance the oversight of the development and implementation of quality assurance (QA) plans of the targeted case managers
2. DDA will develop and implement stronger regulations regarding clients' individual plans.

3. DDA will implement the provider fiscal reporting process developed and implemented by DHR.
4. DHMH and DHR will work closely with providers and other stakeholders to explore the development of an accreditation with oversight model for providers while maintaining the State's licensure system with regulatory oversight.
5. DHMH will explore mandating that nurses employed by licensed agencies that serve medically fragile foster children must be certified in a relevant specialty.
6. DHR will develop additional training for DSS caseworkers who work with medically fragile children so they can communicate with the REM case manager and understand the child's placement and care needs and options.
7. DHMH will revise the state contracts with the REM case manager agency to ensure that each medically fragile foster child has a REM case manager who oversees the quality of care and communicates with all involved.
8. DHMH will explore that respite care options are available to foster parents caring for children receiving REM services.
9. DHR will place each child in the most family-like environment with integration in the community to the fullest extent possible.
10. DHR will explore whether financial self-sufficiency is a barrier to maximizing placement of medically fragile children in therapeutic foster care rather than group homes.
11. DHR and DHMH will explore exclusion of medically fragile individuals from the requirement that unrelated adults may not live in a foster home so that when a child turns 21 and remains in the home, the foster parent does not lose their license to foster other children.
12. Explore moving the children's homes that are currently funded under the DHR Foster Care Unit to the DDA system.
13. DHMH and DHR will evaluate the implementation of the revised MOU to mandate that medically fragile foster children have a transition plan that meets their needs well before they turn 21 years old.
14. DHMH will explore requirements and/or availability of resources for private duty nursing available to both biological parents and foster parents of medically fragile children with developmental disabilities.
15. DHMH and DHR will explore the development of a committee to closely oversee the care of medically fragile children with developmental disabilities.
16. Explore advanced care planning for this population

Preliminary results

Although preliminary results from the scoring were available by the end of the meeting, members were reminded that absent members would also have an opportunity to send in ratings of the

proposed recommendations. The meeting adjourned with an announcement that results of the ratings for validity, feasibility, and top-three selection would be posted to the task force page.